(d) A number of steps taken by the Government in this regard are as under:—

(i) Government of India in the Ministry of Agriculture have proposed to implement a Central Sector Scheme on development of Medicinal and Aromatic Plants in the country. This scheme also includes the establishment of Herbal Gardens in the potential areas of the country during the Eighth Five Year Plan for which an amount of Rs. 50.00 lakhs have been proposed during 1992-93.

(ii) National Wastelands Development Board, an organisation under the Ministry of Environment and Forests have introduced a Centrally-sponsored Scheme for raising minor Forest Produce including medicinal plants from 1988-89 onwards in the States. A sum of Rs. 650 lakhs had been allocated in 1991-92.

(iii) Indian Council of Agricultural Research (I.C.A.R.), an organisation under the Ministry of Agriculture is operating an All India Coordinated Research Project on Medicinal and Aromatic Plants with Nine Centres all over the country for studying a number of crops. Besides, the National Bureau of Plant Genetic Resources, New Delhi is conserving Germ-plasm of some important medicinal plants and is also working on their tissue culture.

(iv) Survey, Cultivation and Research on medicinal plants are primary objectives of several Government departments functioning under various ministries, for example CCRAS under the Ministry of Health and F.W., Central Institute of Medicinal and Aromatic Plants (CIMAP), Central Indian Medicinal Plants Organisation (CIMPO), National Botanical Research Institute (NBRI), Central Drug Research Institute (CDRI), National Institute of Oceanography. The National Institute of Oceanography exclusively conducts research on medicinally valuable sea-weeds.

(v) The Ministry of Health and Family Welfare have implemented a scheme during 1990-91 under which Central assistance was provided to the Government/Semi-Government organisations in States/UTs for cultivation and development of identified species of medicinal plants.

(vi) Some State Governments cultivate medicinal plants through their forests departments.

दिल्ली प्रशासन में उपनिदेशकों के पद

1824. **डा. रत्नाकर पांडेय:** क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) दिल्ली प्रशासन के स्वास्थ्य विभाग में उप-निदेशकों (आई.एस.एम. होम्योपैथी) के कुल कितने पद हैं ;

(ख) क्या दिल्ली प्रशासन के स्वास्थ्य विभाग में उपर्युक्त पदों के अतिरिक्त उप-निदेशक (होम्योपैथी) के पद भी हैं ;

(ग) यदि नहीं तो दिल्ली प्रशासन द्वारा उप-निदेशक (होम्योपैथी) के रिक्त स्थानों को भरने के लिए समाचारपत्रों में हाल ही में किस आधार पर सूचना प्रकाशित की गई है ; और

(घ) यदि हां, तो इस पद के लिए स्वीकृति कब ली गई थी और यह पद कब से रिक्त है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती डी. के. तारादेवी सिद्धार्थ): (क) से (घ) सूचना एकत्र की जा रही है और सदन के पटल पर पर रख दी जाएगी ।

Loan Licences

1825. DR. RATNAKAR PANDEY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the difference between loan licences and hiring of facilities and whether both are in vogue in the drug industry;

(b) whether it is a fact that quality suffers under loan licence system;

(c) if so, what steps have been taken to abolish loan licence system; and

(d) the number of loan licences issued so far and what is the number of parties who are the beneficiaries?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Under the provisions of Drug and Cosmetics Act, 1940 and Rules thereunder, a loan licence means "a licence which a State Licensing Authority may grant to an applicant who does not have his own arrangements for manufacture but who intends to avail himself of the manufacturing facilities owned by the principal licencee." The said Act does not define 'hiring of facilities'.

(b) The State Licensing Authorities were of the view that the loan licensing system was not conductive to production of quality drugs.

(c) and (d) A draft Gazette notification on abolition of loan licensing system was published on 6-11-1991 for eliciting public comments. The comments received by the Government were examined and a draft of the finalized amendment was sought to be published. Meanwhile, many manufacturers and manufacturer's Associations filed writ petitions in various High Courts challenging the decision of the Government to abolish loan licensing system. In certain cases, the courts have issued an injunction restraining the respondents (Government of India and concerned State Licensing Authorities) from directly or indirectly disturbing or interfering with any manner with any of the loan licence arrangements in force as on 31-12-1991 by permitting the petitioners to continue manufacturing in accordance with the said Act and the Rules as in force on 5-11-91 until further orders. Thus the matter is *sub-judice*.

A transfer petition has been filed in the Supreme Court praying for a transfer and withdrawal to itself under Art. 139A of the Constitution of India the writ petitions pending in different High Courts for a common hearing and single disposal. There are about 8000 loan licencees in the country.

Declint in Birth Rates

1826. SHRI GHUFRAN AZAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a new scheme to compensate the States for the actual decline in birth rates rather than the achievements of targets has been mooted by the Central Government;

(b) if so, the details thereof;

(c) whether Government have made any allocations for the implementation of the action plans during the year 1992-93; and

(d) if so, what are the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b) The existing scheme of cash compensation under which funds are released to the States/Union Territories on the basis of their performance figures of sterilisations/IUD insertions is proposed to be amended and is proposed to be linked to the birth reduction efforts made by them. The modified scheme is being designed to aim at providing greater flexibility to the States/UTs to utilise the funds available under the scheme in the most optimal manner and to ensure wider coverage of younger cou-